**Reference in support of application for Fellowship of FDT**

**Referee’s Details**

|  |  |
| --- | --- |
| First names |  |
| Last name |  |
| Address |  |
| Phone number |  |
| Email address |  |
| Job title |  |
| Organisation (including department if applicable) |  |

I attach a reference in support of the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that this information is, to the best of my belief, correct.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

Please send your reference together with this completed form to –

Faculty of Dental Trainers, Royal College of Surgeons of Edinburgh, Nicholson Street, Edinburgh, EH8 9DW

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